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23643

OR

☐ Practitioner(s) named below (if more than ten practitioners are to be named, then a customer number must be used):

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Assignee Name and Address:

Mectra Labs, Inc.

Two Quality Way, P.O. Box 350

Bloomfield, IN 47424

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

SIGNATURE of Assignee of Record

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Signature	<i>Thomas P. Clement</i>	Date	2-26-2007
Name	Thomas P. Clement	Telephone	812 384 3521
Title	President		

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